

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
OLYMPIA, WASHINGTON**

**To:** Federally Qualified Health Centers  
Interpreter Service Agencies  
Regional Administrators  
CSO Administrators

**Memorandum No.: 01-04 MAA**

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**Updates:** 00-77 MAA

**From:** James C. Wilson, Assistant Secretary  
Medical Assistance Administration

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**Subject: Updated Interpreter Services Exception Request Form**

**The purpose of this memorandum is to provide Federally Qualified Health Centers with the updated Interpreter Services Exception Request Form.**

**What has changed?**

The Medical Assistance Administration has added space on the form for three additional contacts with General Administration (GA) contracted interpreter agencies. A few DSHS regions have as many as seven GA-contracted interpreter services agencies.

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)  
INTERPRETER SERVICES EXCEPTION REQUEST**

FQHC NAME \_\_\_\_\_ FQHC LOCATION/COMMUNITY \_\_\_\_\_  
DSHS REGION \_\_\_\_\_ DATE OF SERVICE \_\_\_\_\_  
CLIENT NAME \_\_\_\_\_ CLIENT PIC \_\_\_\_\_  
INTERPRETER NAME \_\_\_\_\_ LANGUAGE \_\_\_\_\_  
INTERPRETER LIST CERTIFIED/QUALIFIED/AUTHORIZED YES \_\_\_\_\_ NO \_\_\_\_\_  
SERVICE START TIME \_\_\_\_\_ SERVICE COMPLETION TIME \_\_\_\_\_  
TOTAL INTERPRETER SERVICE BILLING TIME \_\_\_\_\_

FQHC staff contacted all the GA contracted interpreter agencies eligible to serve DSHS clients in our DSHS region. None of the interpreter agencies were able to provide a LIST certified interpreter. Listed below are the dates the interpreter agencies were called; and the reasons given the interpreter request could not be filled.

1. INTERPRETER AGENCY \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
REASON APPOINTMENT COULD NOT BE FILLED \_\_\_\_\_
2. INTERPRETER AGENCY \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
REASON APPOINTMENT COULD NOT BE FILLED \_\_\_\_\_
3. INTERPRETER AGENCY \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
REASON APPOINTMENT COULD NOT BE FILLED \_\_\_\_\_
4. INTERPRETER AGENCY \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
REASON APPOINTMENT COULD NOT BE FILLED \_\_\_\_\_
5. INTERPRETER AGENCY \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
REASON APPOINTMENT COULD NOT BE FILLED \_\_\_\_\_
6. INTERPRETER AGENCY \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
REASON APPOINTMENT COULD NOT BE FILLED \_\_\_\_\_
7. INTERPRETER AGENCY \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_  
REASON APPOINTMENT COULD NOT BE FILLED \_\_\_\_\_

The Office for Civil Rights (OCR) issued a guidance memorandum on national origin non-discrimination and Limited-English-Proficiency. The guidance is intended to clarify standards consistent with case law and well-established legal principles that have been developed under Title VI of the Civil Rights Act of 1964. Health and social services programs funded by HHS (DSHS for Medicaid) utilize this guidance memorandum for interpreter services programs. The guidance memorandum states recipients (DSHS) “should ensure they use persons who are competent to provide interpreter services. Competency does not necessarily mean formal certification as an interpreter, though this certification generally is preferable. However, the competency requirement does contemplate proficiency in both English and the other language, orientation or training which includes the ethics of interpreting, and fundamental knowledge in both languages of any specialized terms and concepts peculiar to the recipient’s program or activity.” The FQHC requesting approval for payment for interpreter services provided by this non-certified interpreter confirms the terms of the OCR guidance memorandum stated above have been met; and accepts full responsibility for the competency of this non-certified interpreter.

FQHC Staff Signature \_\_\_\_\_ Date \_\_\_\_\_